



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 20959/2101
In re Application of Lee Culp		
Application Number 10/824,799		Filed April 15, 2004
For DENTAL COMPOSITES AND PLACEMENT TECHNIQUES FOR DIRECT RESTORATIONS		
Signature: <u>Ruth R. Smith</u>	Group Art Unit 1732	Examiner Jeff Wollschlager
Name: <u>Ruth R. Smith</u>		

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

- | | |
|--|---------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) | \$ <u>450</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) | \$ _____ |
- ☐ Applicant claims small entity status.
- ☐ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

[Signature]
Signature

Joseph M. Noto

Typed or printed name

December 21, 2006

Date

(585) 263-1601

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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450.00 DA

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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